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PATENT APPLICATION FEE DETERMINATION RECORD							Application or Disease About			
Substitute for Form PTO-875								Application or Doctor Number		
APPLICATION AS FILED - PART ((Column 1) (Column 2)			,	SMALL ENTITY		- QR		R THAN ENTITY		
. FOR .	NUMBER FILED	NUME	BER EXTRA	1	RATE (S)	FEE (5)		· RATE (S)	FEE (S)	
(37 CFR 1.16(1), (0), or (0)]] :			
SEARCH FEE (37 CFR 1.16(t), (), or (mt)							1.			
EXAMINATION FEE (37 CFR 1.16(d), (p), or (d))	<u> </u>			1			1			
TOTAL CLAIMS D7 CFR 1.16(0)	minus 20 =			1	х =		OR			
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	1.	•	1	x •		1			
APPLICATION SIZE FEE (37 CFR 1.16(s)) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								x	· :	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))				i i					· :	
* If the difference in column 1 is less than zero, enter "O" in column 2.				, ,	TOTAL			TOTAL		
APPLICATION AS AMENDED - PART II										
	(Column 1) (Column 2) (Column 3)				SMALL ENTITY			OR OTHER THAN SMALL ENTITY		
REI TACK	MAINING VFTER PR NOMENT : F	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE (S)	ADDI- TIONAL FEE (6) ·		RATE (S)	ADDI- TIONAL FEE (S)	
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independent cor CFR 1.16p.g	Minus ***	2	E		x :	<i>/</i> .	OR	x / =		
Application Size Fee (\$7 CFR 1.16(s))							· · ·	/		
FIRST PRESENTATION OF MULTIPLE DEPONDENT QUAIN (37 CFR 1.16(II))			L			OR				
				TOTAL ADD'L FEE	٠.	OR/	TOTAL ADOL FEE			
(Cotumn 1). (Cotumn 2) (Cotumn 3)										
a Myzolin BEN	AIMS HAINING AITER PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE (5)	ADOI- TIONAL FEE (S)	ſ	RATE (S)	ADDI- TIONAL FEE (\$)	
Total . 9	Minus =	20	-		X =		OR	x =		
AME U Total (x) GFR 1.16(h) O Application Size Fee (3	Minus ***	3	s .		x =		OR	x =		
Application Size Fee (3	7 CFR 1.16(s))			t		·	~~ <u> </u>			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))						7	-OR	T	-· `·	
			·		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write "U" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

This collection of information is required by 37 CPR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CPR 1.14 This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADORESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.